EMPLOYEE REQUEST FOR ADDITIONAL WORK
ENTERPRISE CITY SCHOOLS

This form is to be completed and approved prior to performing any extra work which will be funded by any Central Office General Funds (Excludes Local Schools and Federal accounts)

NAME:_____ TODAYS DATE:_____

LOCATION:_____

I request additional time to be worked and paid/taken as follows:

			Please Choose One		
DAYS OR DATES TO BE WORKED (Up to 1 school year in advance)	**TIMES TO BE WORKED**	**REASON FOR ADDITIONAL WORK**	**COMP TIME / REGULAR RATE**	**OTHER RATE (SPECIFY)**	**ESTIMATED TOTAL**

Authorization must be submitted and approved prior to work being performed. The applicant understands that work provided under this agreement is on an as-needed basis; no maximum number of hours or days is guaranteed by the execution of this Authorization and that extra work may not apply towards retirement, tenure or non-probationary status.

_____ _____ _____ _____

Employee's Signature Date Chief School Financial Officer Date

_____ _____ _____ _____

Principal/Supervisor Date Superintendent Date

This Form must be attached to *Request for Pay for Additional Work* form when requesting payment with Central Office General Funds